

AMENDED

Form 990

# Return of Organization Exempt From Income Tax

OMB No 1545-0047

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

2008

Open to Public Inspection

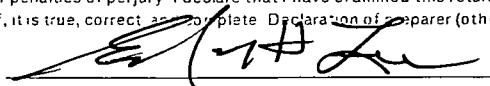
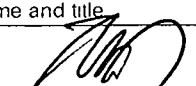
Department of the Treasury  
Internal Revenue Service

The organization may have to use a copy of this return to satisfy state reporting requirements

A For the 2008 calendar year, or tax year beginning JULY 01, 2008, and ending JUNE 30, 2009

<b>B</b> Check if applicable: <input checked="" type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input checked="" type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>Please use IRS label or print or type. See Specific Instructions.</b>	<b>C</b> Name of organization <b>HANCOCK SMALL BUSINESS FINANCIAL</b>	<b>D</b> Employer identification number <b>95-3803735</b>
		Doing Business As	
		Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>4022 W. OLYMPIC BLVD</b>	<b>E</b> Telephone number <b>(323) 935-8733</b>
		City or town, state or country, and ZIP + 4 <b>Los Angeles CA 90019</b>	<b>G</b> Gross receipts \$ <b>414,175</b>
		<b>F</b> Name and address of principal officer <b>See attachment #1</b>	<b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions) <b>H(c)</b> Group exemption number
<b>I</b> Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
<b>J</b> Website: <b>N/A</b>			
<b>K</b> Type of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		<b>L</b> Year of formation <b>1983</b>	<b>M</b> State of legal domicile <b>CA</b>

<b>Part I Summary</b>				
<b>ACTIVITIES &amp; GOVERNANCE</b>	1 Briefly describe the organization's mission or most significant activities <b>TO UTILIZE STATE FUNDS TO GUARANTEE LOANS FROM FINANCIAL INSTITUTIONS TO SMALL BUSINESSES WHICH ARE UNABLE TO OTHERWISE OBTAIN FINANCING.</b>			
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets			
	3	Number of voting members of the governing body (Part VI, line 1a)	7	
	4	Number of independent voting members of the governing body (Part VI, line 1b)	6	
	5	Total number of employees (Part V, line 2a)	6	
	6	Total number of volunteers (estimate if necessary)	0	
	7a	Total gross unrelated business revenue from Part VIII, line 12, column (C)	0	
	7b	Net unrelated business taxable income from Form 990-T, line 34	0	
<b>REVENUE</b>	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)		384,530
	10	Investment income (Part VIII, column (C), lines 3, 4, and 7d)	657,817	20,990
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	10,226	8,655
	12	Total revenue -- add lines 8 through 11 (must equal Part VIII, column (A), line 12)	6,231	414,175
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	674,274	
	14	Benefits paid to or for members (Part IX, column (A), line 4)		
	15	Salaries, other compensation, or employee benefits (Part IX, column (A), lines 5-10)	248,570	472,512
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		
	17	Total fundraising expenses (Part IX, column (D), line 25)		
<b>EXPENSES</b>	18	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	472,130	444,684
	19	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	720,700	917,196
	20	Revenue less expenses Subtract line 18 from line 12	-46,426	-503,021
	21	Total assets (Part X, line 16)	Beginning of Year	End of Year
	22	Total liabilities (Part X, line 26)	875,639	522,827
	23	Net assets or fund balances Subtract line 21 from line 20	34,446	184,655
	24		841,193	338,172

<b>Part II Signature Block</b>			
<b>Sign Here</b>	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.		
	Signature of officer  Date <b>12-13-2010</b> <b>EDWARD LEE</b> PRESIDENT Type or print name and title		
<b>Paid Preparer's Use Only</b>	Preparer's signature 	Date <b>12/10/2010</b>	Check if self-employed <input checked="" type="checkbox"/>
	Firm's name (or yours if self-employed) <b>JIN HYEONG KIM, CPA</b>	EIN <b>P00965847</b>	
	Address, and ZIP + 4 <b>3699 WILSHIRE BLVD. #700 Los Angeles, CA 90010</b>	Phone no <b>(213) 387-6806</b>	

May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2008)

SCANNED JAN 06 2011

20

**Part III** Statement of Program Service Accomplishments (see instructions)

1 Briefly describe the organization's mission:

TO UTILIZE STATE FUNDS TO GUARANTEE LOANS FROM FINANCIAL INSTITUTIONS  
TO SMALL BUSINESSES WHICH ARE UNABLE TO OTHERWISE OBTAIN FINANCING.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

☐ Yes☒ No

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?

☐ Yes☒ No

If "Yes," describe these changes on Schedule O

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code 501 ) (Expenses \$ 917,196 including grants of \$ 384,530 ) (Revenue \$ 414,175 )  
See attachment #2

4b (Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4c (Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4d Other program services (Describe in Schedule O )

(Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses \$ 917,196 (Must equal Part IX, Line 25, column (B) )

**Part IV** Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes' complete Schedule A	X	
2 Is the organization required to complete Schedule B Schedule of Contributors?		X
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes' complete Schedule C, Part I		X
4 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities? If 'Yes' complete Schedule C, Part II		X
5 <b>Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.</b> Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If 'Yes' complete Schedule C Part III N/A		
6 Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I		X
7 Did the organization receive or hold a conservation easement including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II		X
8 Did the organization maintain collections of works of art historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III		X
9 Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV		X
10 Did the organization hold assets in term permanent, or quasi-endowments? If 'Yes,' complete Schedule D, Part V		X
11 Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If 'Yes,' complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	X	
12 Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E		X
14a Did the organization maintain an office, employees, or agents outside of the U S ?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U S ? If 'Yes,' complete Schedule F, Part I		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Part II		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Part III		X
17 Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If 'Yes,' complete Schedule G Part I		X
18 Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II		X
19 Did the organization report more than \$15,000 on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III		X
20 Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H		X
21 Did the organization report more than \$5,000 on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II		X
22 Did the organization report more than \$5,000 on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III		X
23 Did the organization answer 'Yes' to Part VII, Section A, questions 3, 4, or 5? If 'Yes,' complete Schedule J	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31 2002? If 'Yes' answer questions 24b-24d and complete Schedule K If 'No,' go to question 25		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? N/A		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? N/A		
d Did the organization act as an on behalf of' issuer for bonds outstanding at any time during the year? N/A		
25a <b>Section 501(c)(3) and 501(c)(4) organizations</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes' complete Schedule L Part I		X
b Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If 'Yes' complete Schedule L Part I		X
26 Was a loan to or by a current or former officer director, trustee, key employee highly compensated employee or disqualified person outstanding as of the end of the organization's tax year? If 'Yes' complete Schedule L Part II	X	
27 Did the organization provide a grant or other assistance to an officer, director trustee key employee, or substantial contributor or to a person related to such an individual? If 'Yes' complete Schedule L Part III		X

**Part IV** Checklist of Required Schedules (continued)

	Yes	No
<b>28</b> During the tax year, did any person who is a current or former officer, director, trustee, or key employee		
<b>a</b> Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part IV.		X
<b>b</b> Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV.	X	
<b>c</b> Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV.		X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M.		X
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M.		X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I.		X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II.		X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I.		X
<b>34</b> Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1.		X
<b>35</b> Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2.		X
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2.		X
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI.		X

**Part V** Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096 Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable.		
<b>1b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.		
<b>c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		
<b>2a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.		
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions).	X	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.		
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
<b>b</b>	If "Yes," enter the name of the foreign country: _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
<b>c</b>	If "Yes" to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
<b>6a</b>	Did the organization solicit any contributions that were not tax deductible?		X
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?		X
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year.		
<b>e</b>	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
<b>g</b>	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		X
<b>h</b>	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		X
<b>8</b>	<b>Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		X
<b>9</b>	<b>Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the organization make any taxable distributions under section 4966?		X
<b>b</b>	Did the organization make a distribution to a donor, donor advisor, or related person?		X
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12.		
<b>b</b>	Gross receipts included on Form 990, Part VIII, line 12, for public use of club facilities.		
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>a</b>	Gross income from members or shareholders.		
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).		
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.		

**Part VI Governance, Management, and Disclosure** (Sections A, B, and C request information about policies not required by the Internal Revenue Code)

**Section A. Governing Body and Management**

		Yes	No
For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.			
<b>1a</b>	Enter the number of voting members of the governing body	1a	7
<b>b</b>	Enter the number of voting members that are independent	1b	6
<b>2</b>	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	X
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3	X
<b>4</b>	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4	X
<b>5</b>	Did the organization become aware during the year of a material diversion of the organization's assets?	5	X
<b>6</b>	Does the organization have members or stockholders?	6	X
<b>7a</b>	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	X
<b>b</b>	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	X
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body?	8a	X
<b>b</b>	Each committee with authority to act on behalf of the governing body?	8b	X
<b>9a</b>	Does the organization have local chapters, branches, or affiliates?	9a	X
<b>b</b>	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	9b	N/A
<b>10</b>	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990.	10	X
<b>11</b>	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O.	11	X

**Section B. Policies**

		Yes	No
<b>12a</b>	Does the organization have a written conflict of interest policy? If "No," go to line 13.	12a	X
<b>b</b>	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X
<b>c</b>	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done.	12c	X
<b>13</b>	Does the organization have a written whistleblower policy?	13	X
<b>14</b>	Does the organization have a written document retention and destruction policy?	14	X
<b>15</b>	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision:		
<b>a</b>	The organization's CEO, Executive Director, or top management official?	15a	X
<b>b</b>	Other officers or key employees of the organization?	15b	X
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	X
<b>b</b>	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b	N/A

**Section C. Disclosure**

**17** List the states with which a copy of this Form 990 is required to be filed: CA

**18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.  
☐ Own website ☐ Another's website ☒ Upon request

**19** Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.

**20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization: See attachment #3

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**
**Section A Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation and **current** key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

☐ Check this box if the organization did not compensate any officer, director, trustee, or key employee

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)							(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		INDIVIDUAL	TRUSTEE	INSTITUTIONAL	OFFICER	KEY EMPLOYEE	HIGHLY COMPENSATED	FORMER			
EDWARD LEE PRESIDENT	40.00	X			X				70,550	0	0
JAMES LEE VICE PRESIDENT	40.00	X					X	X	78,400	0	0
JAMES JUNG SECRETARY	0.00	X			X				0	0	0
JOHN LEE MEMBER	0.00	X							0	0	0
BRIAN YUNG-MOK SONG MEMBER	0.00	X							0	0	0
THEODORE S LEE MEMBER	0.00	X							0	0	0
DON CHANG MEMBER	0.00	X							0	0	0
MIKE MIN S PARK MEMBER	0.00	X							0	0	0



Part VIII		Statement of Revenue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
G O T H E R C O N T R I B U T I O N S	1a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e	384,530			
	f	All other contributions, gifts, grants & similar amounts not included above	1f				
	g	Noncash contributions included in lines 1a-1f	\$				
	h	Total. Add lines 1a-1f		384,530			
P R O G R A M R E V E N U E	2a	LOAN GUARANTEE FEE	Business Code 561499	20,990	20,990		
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f		20,990			
O T H E R R E V E N U E	3	Investment income (including dividends, interest, and other similar amounts)		8,655	8,655		
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6a	Gross Rents	(i) Real (ii) Personal				
	b	Less: rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss)					
	7a	Gross amount from sales of assets other than inventory	(i) Securities (ii) Other				
	b	Less: cost or other basis and sales expenses					
	c	Gain or (loss)					
	d	Net gain or (loss)					
	8a	Gross income from fundraising events (not including \$ of contributions reported on line 1c)					
		See Part IV, line 18					
	b	Less: direct expenses					
	c	Net income or (loss) from fundraising events					
	9a	Gross income from gaming activities	See Part IV, line 19				
	b	Less: direct expenses					
	c	Net income or (loss) from gaming activities					
	10a	Gross sales of inventory, less returns and allowances					
	b	Less: cost of goods sold					
c	Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Business Code					
11a							
b							
c							
d	All other revenue						
e	Total. Add lines 11a-11d						
12	Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e			414,175	29,645		

**Part IX** Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U S See Part IV, line 21				
2 Grants and other assistance to individuals in the U S See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	148,950	138,524	10,426	
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	185,625	172,631	12,994	
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	48,345	44,961	3,384	
9 Other employee benefits	62,507	58,131	4,376	
10 Payroll taxes	27,085	25,189	1,896	
11 Fees for services (non-employees)				
a Management				
b Legal				
c Accounting	5,990	5,571	419	
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees				
g Other				
12 Advertising and promotion				
13 Office expenses	34,844	32,405	2,439	
14 Information technology				
15 Royalties				
16 Occupancy	72,306	67,245	5,061	
17 Travel	3,884	3,612	272	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	9,177	8,535	642	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	5,956	5,538	418	
23 Insurance	5,693	5,294	399	
24 Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below )				
a LOSS ON CHANGE IN VALUE OF R	121,260	121,260		
b LOSS ON UNCOLLECTIBLE NOTE R	100,000		100,000	
c DUES & SUBSCRIPTIONS	21,346	19,852	1,494	
d RETREAT COST FOR THE ORGNIZA	19,530	18,163	1,367	
e LCM MEMBERSHIP FEE	12,169	11,317	852	
f All other expenses #4	32,529	26,532	5,997	
25 Total functional expenses. Add lines 1 through 24f	917,196	764,760	152,436	
26 Joint Costs. Check here <input type="checkbox"/> if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

**Part X** Balance Sheet

		(A) Beginning of year		(B) End of year
<b>A S S E T S</b>	1 Cash -- non-interest bearing	23,702	1	15,960
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	170,648	4	61,152
	5 Receivables from current and former officers, directors, trustees, key employees or other related parties. Complete Part II of Schedule L	200,000	5	100,000
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	8,358	9	
	10a Land, buildings and equipment cost basis	10a 102,260		
	b Less accumulated depreciation. Complete Part VI of Schedule D	10b 89,371		
		18,845	10c	12,889
	11 Investments -- publicly traded securities		11	
	12 Investments -- other securities. See Part IV, line 11		12	
	13 Investments -- program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
15 Other assets. See Part IV, line 11	454,086	15	332,826	
16 <b>Total assets.</b> Add lines 1 through 15 (must equal line 34)	875,639	16	522,827	
<b>L I A B I L I T I E S</b>	17 Accounts payable and accrued expenses	34,446	17	134,655
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow account liability. Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	50,000
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable		24	
	25 Other liabilities. Complete Part X of Schedule D		25	
	26 <b>Total liabilities.</b> Add lines 17 through 25	34,446	26	184,655
<b>F U N D A S S E T B A L A N C E S</b>	<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>			
	27 Unrestricted net assets	421,467	27	39,706
	28 Temporarily restricted net assets	419,726	28	298,466
	29 Permanently restricted net assets		29	
	<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.</b>			
	30 Capital stock or trust principal or current funds		30	
	31 Paid-in or capital surplus or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	841,193	33	338,172
	34 Total liabilities and net assets/fund balances	875,639	34	522,827

**Part XI** Financial Statements and Reporting

- 1 Accounting method used to prepare the Form 990 ☐ Cash ☒ Accrual ☐ Other
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant?
- b Were the organization's financial statements audited by an independent accountant?
- c If Yes to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit review or compilation of its financial statements and selection of an independent accountant?
- 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b If Yes, did the organization undergo the required audit or audits?

N/A

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

Department of the Treasury  
Internal Revenue Service

**To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.**

2008

**Open to Public  
Inspection**

Name of the organization

Employer identification number

HANCOCK SMALL BUSINESS FINANCIAL DEVELOPMENT CORPORATION 95-3803735

<b>Part I</b>	<b>Reason for Public Charity Status</b> (All organizations must complete this part ) (see instructions)
---------------	---

The organization is not a private foundation because it is (Please check only **one** organization )

- 1 ☐ A church convention of churches or association of churches described in **section 170(b)(1)(A)(i).**
- 2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E )
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)** (Attach Schedule H )
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city and state \_\_\_\_\_
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II )
- 6 ☐ A federal, state or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II )
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II )
- 9 ☐ An organization that normally receives (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions--subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III )
- 10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).** (see instructions)
- 11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h
- a ☐ Type I      b ☐ Type II      c ☐ Type III--Functionally integrated      d ☐ Type III--Other
- e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
- f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box ☐
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?

(ii) A family member of a person described in (i) above?

(iii) A 35% controlled entity of a person described in (i) or (ii) above?

N/A

N/A

N/A

Yes	No

**h** Provide the following information about the organizations the organization supports

[illegible]

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule A (Form 990 or 990-EZ) 2008

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5 7 or 8 of Part I.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>1</b> Gifts, grants, contributions and membership fees received (Do not include any unusual grants.)	437,639	591,063	470,349	613,000	384,530	2,496,581
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4 Total.</b> Add lines 1-3	437,639	591,063	470,349	613,000	384,530	2,496,581
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
<b>6 Public support.</b> Subtract line 5 from line 4						2,496,581

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>7</b> Amounts from line 4	437,639	591,063	470,349	613,000	384,530	2,496,581
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	27,581	43,141	36,508	10,225	8,655	126,110
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)		69,956	51,324	44,817	20,990	187,087
<b>11 Total support.</b> Add lines 7 through 10						2,809,778
<b>12</b> Gross receipts from related activities etc. (see instructions)					12	
<b>13 First five years:</b> If the Form 990 is for the organization's first second third fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> ▶ <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))	<b>14</b>	88.85	%
<b>15</b> Public support percentage from 2007 Schedule A, Part IV-A, line 26f	<b>15</b>	91.83	%
<b>16a 33 1/3 % support test -- 2008.</b> If the organization did not check the box on line 13 and line 14 is 33 1/3 % or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization ▶ <input checked="" type="checkbox"/>			
<b>b 33 1/3 % support test -- 2007.</b> If the organization did not check a box on line 13 or 16a and line 15 is 33 1/3 % or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>			
<b>17a 10%-facts-and-circumstances test -- 2008.</b> If the organization did not check a box on line 13 16a or 16b, and line 14 is 10% or more and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the facts-and-circumstances' test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>			
<b>b 10%-facts-and-circumstances test -- 2007.</b> If the organization did not check a box on line 13 16a 16b or 17a and line 15 is 10% or more and if the organization meets the facts-and-circumstances test check this box and <b>stop here.</b> Explain in Part IV how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>			
<b>18 Private foundation.</b> If the organization did not check a box on line 13 16a 16b 17a or 17b check this box and see instructions ▶ <input type="checkbox"/>			

**SCHEDULE D**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

► **Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11, or 12.**

OMB No 1545-0047

**2008**

**Open to Public  
Inspection**

**Name of the organization**

HANCOCK SMALL BUSINESS FINANCIAL DEVELOPMENT CORPORATION

**Employer identification number**

95-3803735

**Part I**

**Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" to Form 990, Part IV line 6

- |  | (a) Donor advised funds | (b) Funds and other accounts |
|--|-------------------------|------------------------------|
| 1 Total number at end of year              |                         |                              |
| 2 Aggregate contributions to (during year) |                         |                              |
| 3 Aggregate grants from (during year)      |                         |                              |
| 4 Aggregate value at end of year           |                         |                              |
- 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property subject to the organization's exclusive legal control? ☐ Yes ☐ No
- 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit? ☐ Yes ☐ No

**Part II**

**Conservation Easements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 7

- 1 Purpose(s) of conservation easements held by the organization (check all that apply)
- |   |  |
|---|--|
| <input type="checkbox"/> Preservation of land for public use (e.g., recreation or pleasure) | <input type="checkbox"/> Preservation of an historically important land area |
| <input type="checkbox"/> Protection of natural habitat                                      | <input type="checkbox"/> Preservation of certified historic structure        |
| <input type="checkbox"/> Preservation of open space   |  |
- 2 Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year
- |  | Held at the End of the Year |
|--|-----------------------------|
| a Total number of conservation easements   | 2a                          |
| b Total acreage restricted by conservation easements                                 | 2b                          |
| c Number of conservation easements on a certified historic structure included in (a) | 2c                          |
| d Number of conservation easements included in (c) acquired after 8/17/06            | 2d                          |
- 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ► \_\_\_\_\_
- 4 Number of states where property subject to conservation easement is located ► \_\_\_\_\_
- 5 Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No
- 6 Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year ► \_\_\_\_\_
- 7 Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year ► \$ \_\_\_\_\_
- 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No
- 9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

**Part III**

**Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 8

- 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIV the text of the footnote to its financial statements that describes these items
- b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items
- |  |            |
|--|------------|
| (i) Revenues included in Form 990, Part VIII, line 1 | ► \$ _____ |
| (ii) Assets included in Form 990, Part X             | ► \$ _____ |
- 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items
- |  |            |
|--|------------|
| a Revenues included in Form 990, Part VIII, line 1 | ► \$ _____ |
| b Assets included in Form 990, Part X              | ► \$ _____ |

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)**

3 Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply):

a ☐ Public exhibition

d ☐ Loan or exchange programs

b ☐ Scholarly research

e ☐ Other \_\_\_\_\_

c ☐ Preservation for future generations

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes ☐ No

**Part IV Trust, Escrow and Custodial Arrangements.** Complete if organization answered "Yes" to Form 990 Part IV, line 9, or reported an amount on Form 990 Part X line 21.

1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV and complete the following table:

	Amount
1c Beginning balance	
1d Additions during the year	
1e Distributions during the year	
1f Ending balance	

2a Did the organization include an amount on Form 990, Part X line 21?

☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV.

**Part V Endowment Funds.** Complete if organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Investment earnings or losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the year-end balance held as:

a Board designated or quasi-endowment ▶ \_\_\_\_\_ %

b Permanent endowment ▶ \_\_\_\_\_ %

c Term endowment ▶ \_\_\_\_\_ %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

(i) unrelated organizations

(ii) related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIV the intended uses of the organization's endowment funds.

**Part VI Investments -- Land, Buildings, and Equipment.** See Form 990, Part X line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		102,260	89,371	12,889
e Other				
<b>Total</b> Add lines 1a-1e. (Column (d) should equal Form 990 Part X column (B) line 10(c).)				12,889



**Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements**

1	Total revenue (Form 990 Part VIII, column (A), line 12)	1	414,175
2	Total expenses (Form 990 Part IX, column (A), line 25)	2	917,196
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-503,021
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4-8	9	
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-503,021

**Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

1	Total revenue, gains, and other support per audited financial statements	1	414,175
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	414,175
4	Amounts included on Form 990, Part VIII line 12, but not on line 1:		
a	Investment expenses not included on Form 990 Part VIII line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	
5	Total revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	414,175

**Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

1	Total expenses and losses per audited financial statements	1	917,196
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Losses reported on Form 990, Part IX line 25	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	917,196
4	Amounts included on Form 990 Part IX line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	917,196

**Part XIV Supplemental information**

Complete this part to provide the descriptions required for Part II lines 3, 5, and 9, Part III, lines 1a and 4; Part IV lines 1b and 2b, Part V, line 4 Part X, Part XI, line 8, Part XII lines 2d and 4b, and Part XIII lines 2d and 4b

**SCHEDULE J**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest  
Compensated Employees

► Attach to Form 990. To be completed by organizations that  
answered "Yes" to Form 990, Part IV, line 23.

OMB No 1545-0047

**2008**

**Open to Public  
Inspection**

Name of the organization

HANCOCK SMALL BUSINESS FINANCIAL DEVELOPMENT CORPORATION

Employer identification number

95-3803735

**Part I** Questions Regarding Compensation

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- |  |  |
|--|--|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees   |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

**b** If line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain.

N/A

**1b**

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director regarding the items checked in line 1a?

N/A

**2**

**3** Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.

- |  |  |
|--|--|
| <input type="checkbox"/> Compensation committee              | <input checked="" type="checkbox"/> Written employment contract          |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study                    |
| <input type="checkbox"/> Form 990 of other organizations     | <input type="checkbox"/> Approval by the board or compensation committee |

**4** During the year, did any person listed in Form 990, Part VII, Section A, line 1a:

**a** Receive a severance payment or change of control payment?

**4a**

X

**b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?

**4b**

X

**c** Participate in, or receive payment from, an equity-based compensation arrangement?

**4c**

X

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-8.**

**5** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

**a** The organization?

**5a**

X

**b** Any related organization?

**5b**

X

If "Yes" to line 5a or 5b, describe in Part III.

**6** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

**a** The organization?

**6a**

X

**b** Any related organization?

**6b**

X

If "Yes" to line 6a or 6b, describe in Part III.

**7** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III.

**7**

X

**8** Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III.

**8**

X

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Schedule J (Form 990) 2008

<b>Part II</b>	<b>Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space is needed.</b>
----------------	---

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

**Note:** The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

[illegible]

**SCHEDULE L**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Transactions with Interested Persons**

▶ Attach to Form 990 or Form 990-EZ.  
▶ To be completed by organizations that answered  
"Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c,  
or Form 990-EZ, Part V, line 38a or 40b.

OMB No 1545-0047

**2008**

**Open To Public  
Inspection**

Name of the organization  
**HANCOCK SMALL BUSINESS FINANCIAL DEVELOPMENT CORPORAT**

Employer identification number  
**95-3803735**

**Part I** **Excess Benefit Transactions** (section 501(c)(3) and section 501(c)(4) organizations only)

To be completed by organizations that answered "Yes" on Form 990 Part IV lines 25a or 25b or Form 990-EZ Part V, line 40b

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected?	
			Yes	No

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 ▶ \$

3 Enter the amount of tax, if any on line 2, above, reimbursed by the organization ▶ \$

**Part II** **Loans to and/or From Interested Persons**

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V line 38a

(a) Name of interested person and purpose	(b) Loan to or from the organization?		(c) Original principal amount	(d) Balance due	(e) In default?		(f) Approved by board or committee?		(g) Written agreement?	
	To	From			Yes	No	Yes	No	Yes	No
See attachment #6										
<b>Total</b>				▶ \$ 150,000						

**Part III** **Grants or Assistance Benefitting Interested Persons**

To be completed by organizations that answered "Yes" on Form 990 Part IV, line 27

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of grant or type of assistance

**Part IV** **Business Transactions Involving Interested Persons**

To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 28a, 28b, or 28c

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
See attachment #7					

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990

Schedule L (Form 990 or 990-EZ) 2008

**SCHEDULE O**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

► **Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.**

OMB No 1545-0047

**2008**

**Open to Public  
Inspection**

Name of the organization

HANCOCK SMALL BUSINESS FINANCIAL DEVELOPMENT CORPORAT

Employer identification number

95-3803735

**REASON FOR AMENDMENT:**

AUDITED FINANCIAL STATEMENTS WERE ISSUED BY SUCCEEDING AUDITOR AFTER FILING FY 2008 TAX RETURN. THE SUCCEEDING AUDITOR REVISED FY 2007 FINANCIAL STATEMENTS RETROACTIVELY, CONSEQUENTLY FY 2008 FINANCIAL STATEMENTS AND FY 2008 TAX RETURN IS TO BE CHANGED.

**THE CHANGES ARE:**

PART I LINE 3,4,5, 8,12,15,17,18,19,20,21,22

PART III LINE 4a

PART IV LINE 12,23,28b

PART VI LINE 1a,1b

PART VII SECTION A

PART VIII LINE 1e

PART IX LINE 5,6,8,9,10,13,16,19,23,24,25

PART X LINE 1,2,5,9,15,16,17,26,27,28,31,32,33,34

PART XI LINE 2a,2b

SCHEDULE A PART II LINE 1,4,7,10,11,14,15

SCHEDULE D PART IX

SCHEDULE D PART XI LINE 1,2,3

SCHEDULE D PART XII LINE 1,3,5

SCHEDULE D PART XIII LINE 1,3,5

SCHEDULE J ADDED

SCHEDULE L PART II, PART IV

SCHEDULE O

## PRINCIPAL OFFICER NAME AND ADDRESS

Attachment 1: Form 990 Page 1, Line F

Open to Public Inspection	For calendar year 2008, or tax period beginning 07-01-2008, and ending 06-30-2009.
Name of Organization HANCOCK SMALL BUSINESS FINANCIAL DEVELOPMENT CORPORATION	Employer Identification Number 95-3803735
990, Page 1 Line F	

Principal officer name EDWARD LEE  
or  
Business Name

Street Address 4022 W. OLYMPIC BLVD  
LOS ANGELES

U S Address

Zip code 90019 City Los Angeles State CA  
or

Foreign Address

City \_\_\_\_\_

Province or State \_\_\_\_\_

Country \_\_\_\_\_

Postal code \_\_\_\_\_

### PART III - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENT

Attachment 2: Form 990 Page 2, Part III

Open to Public Inspection	For calendar year 2008, or tax period beginning	07-01-2008, and ending	06-30-2009.
---------------------------	---	------------------------	-------------

Name of Organization	Employer Identification Number
HANCOCK SMALL BUSINESS FINANCIAL DEVELOPMENT CORPORATION	95-3803735

Part III - Statement of Program Service Accomplishments

Code	501	Expenses	917,196	including Grants of	384,530	Revenue	414,175
Exempt Purpose Achievements							

TO UTILIZE STATE FUNDS TO GUARANTEE LOANS FROM FINANCIAL INSTITUTIONS TO SMALL BUSINESSES WHICH ARE UNABLE TO OTHERWISE OBTAIN FINANCING. - 100%

**BOOKS ARE IN CARE OF**

Attachment 3: Form 990 Page 6, Part VI, Section C, Line 20

Open to Public Inspection	For calendar year 2008 or tax period beginning	07-01-2008, and ending	06-30-2009.
Name of Organization HANCOCK SMALL BUSINESS FINANCIAL DEVELOPMENT CORPORATION			Employer Identification Number 95-3803735
Part VII Books in Care of			

Individual Name \_\_\_\_\_  
or  
Business Name  
HANCOCK SMALL BUSINESS FINANCIAL DEVELOPMENT CORPORATION

Street Address 4022 W. OLYMPIC BLVD

U S Address  
Zip code 90019 City Los Angeles State CA

Foreign Address  
City \_\_\_\_\_  
Province or State \_\_\_\_\_  
Country \_\_\_\_\_  
Postal code \_\_\_\_\_  
Phone Number (323) 935-8733  
Fax Number \_\_\_\_\_

**SCHEDULE OF OTHER EXPENSES**

Attachment 4: Form 990 Page 10, Line 24 - Other Expenses

Open to Public Inspection	For calendar year 2008 or tax period beginning 07-01-2008, and ending 06-30-2009.
Name of Organization HANCOCK SMALL BUSINESS FINANCIAL DEVELOPMENT CORPORATION	Employer Identification Number 95-3803735

Other Expenses	(A) Total	(B) Program Services	(C) Management and General	(D) Fundraising
PARKING	8,735	8,124	611	
EQUIPMENT RENTAL	5,423	5,043	380	
MEALS & ENTERTAINMENT	5,083	4,727	356	
LOAN GUARANTEE PROCESSING C	4,975	4,627	348	
LOSS FROM EMPLOYEE FRUAD	4,000		4,000	
BANK CHARGES	2,464	2,292	172	
AUTOMOBILE EXPENSE	881	819	62	
POSTAGE AND SHIPPING	728	677	51	
REPAIR AND MAINTENANCE	240	223	17	
Total	32,529	26,532	5,997	

# SCHEDULE D, PART IX - OTHER ASSETS

Attachment 5: Sch D Page 3, Part IX - Other Assets

Open to Public Inspection	For calendar year 2008 or tax period beginning	07-01-2008, and ending	06-30-2009.
Name of Organization		Employer Identification Number	
HANCOCK SMALL BUSINESS FINANCIAL DEVELOPMENT CORPORATION		95-3803735	
(a) Description		(b) Book value	
DEPOSITS		34,360	
TRUST FUNDS RESTRICTED BY STATE OF CALIFORNIA		298,466	
Total		332,826	

# SCHEDULE L - PART II - LOANS TO AND/OR FROM INTERESTED PERSONS

## Attachment 6: Sch L, Part II - Loans To/From Interested Persons

Open to Public Inspection	For calendar year 2008 or tax period beginning 07-01-2008, and ending 06-30-2009.
Name of Organization HANCOCK SMALL BUSINESS FINANCIAL DEVELOPMENT CORPORATION	Employer Identification Number 95-3803735

### Part II Loans to and/or From Interested Persons

To be completed by organizations that answered Yes on Form 990, Part IV line 26, or Form 990-EZ, Part V, line 38a

(a) Name of interested person and purpose	(b) Loan to or from the organization?		(c) Original principal amount \$	(d) Balance due \$	(e) In default?		(f) Approved by board or committee?		(g) Written agreement?	
	To	From			Yes	No	Yes	No	Yes	No
EDWARD LEE	X		50,000	50,000		X	X		X	
RICHARD LEE		X	100,000	100,000		X	X		X	
Total				▶ \$ 150,000						

# **SCHEDULE L – PART IV – BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS**

Attachment 7: Sch L, Part IV - Business Transactions Involving Interested P

Open to Public Inspection	For calendar year 2008 or tax period beginning 07-01-2008, and ending 06-30-2009.
Name of Organization HANCOCK SMALL BUSINESS FINANCIAL DEVELOPMENT CORPORATION	Employer Identification Number 95-3803735

**Part IV Business Transactions Involving Interested Persons**  
To be completed by organizations that answered 'Yes' on Form 990, Part IV lines 28a, 28b or 28c

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction \$	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
RICHARD LEE	PRESIDENT'S SON	42,919	SALARY FOR LOAN OFFICER		X

# Depreciation and Amortization

## (Including Information on Listed Property)

OMB No 1545-0172

2008

Attachment  
Sequence No 67Department of the Treasury  
Internal Revenue Service (99)

▶ See separate instructions.

▶ Attach to your tax return.

Name(s) shown on return

Business or activity to which this form relates

Identifying number

HANCOCK SMALL BUSINESS FINANCIAL FOR FORM 990

95-3803735

**Part I Election To Expense Certain Property Under Section 179**

Note: If you have any listed property, complete Part V before you complete Part I

1 Maximum amount See the instructions for a higher limit for certain businesses	1	250,000
2 Total cost of section 179 property placed in service (see instructions)	2	
3 Threshold cost of section 179 property before reduction in limitation (see instructions)	3	800,000
4 Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0-	4	0
5 Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions	5	250,000

6 (a) Description of property	(b) Cost (busn use only)	(c) Elected cost
7 Listed property Enter the amount from line 29	7	
8 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7	8	
9 Tentative deduction Enter the smaller of line 5 or line 8	9	
10 Carryover of disallowed deduction from line 13 of your 2007 Form 4562	10	
11 Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	250,000
12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11	12	
13 Carryover of disallowed deduction to 2009 Add lines 9 and 10, less line 12 ▶	13	

Note: Do not use Part II or Part III below for listed property Instead, use Part V

**Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property) (See instructions)**

14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15 Property subject to section 168(f)(1) election	15	
16 Other depreciation (including ACRS)	16	

**Part III MACRS Depreciation (Do not include listed property) (See instructions)****Section A**

17 MACRS deductions for assets placed in service in tax years beginning before 2008	17	5,956
18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here ▶ <input type="checkbox"/>		

**Section B -- Assets Placed in Service During 2008 Tax Year Using the General Depreciation System**

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depr (business/investment use only -- see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property			27 5 yrs	MM	S/L	
			27 5 yrs	MM	S/L	
i Nonresidential real property			39 yrs.	MM	S/L	
				MM	S/L	

**Section C -- Assets Placed in Service During 2008 Tax Year Using the Alternative Depreciation System**

20a Class life					S/L	
b 12-year			12 yrs		S/L	
c 40-year			40 yrs	MM	S/L	

**Part IV Summary (See instructions)**

21 Listed property Enter amount from line 28	21	
22 Total Add amounts from line 12 lines 14 through 17 lines 19 and 20 in column (g) and line 21 Enter here and on the appropriate lines of your return Partnerships and S corporations -- see instructions	22	5,956
23 For assets shown above and placed in service during the current year enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

Form 4562 (2008)

# 2008 Federal Depreciation Schedule

HANCOCK SMALL BUSINESS FINANCIAL DEVELOPMENT CORPORATION  
95-3803735

12-06-2010

Description	Date	Method	Year	Cost	Land/ Other	\$179	Spec Allow	Basis	Prior	Current
<b>Form 990</b>										
<b>Computer Systems</b>										
2 - ASEANS COMPUTER	11-10-99	200DBHY	5	1,451	0	0	0	1,451	1,451	0
6 - COMPUTER	11-02-00	200DBHY	5	2,705	0	0	0	2,705	2,705	0
7 - COMPUTER	05-09-01	200DBHY	5	2,098	0	0	0	2,098	2,098	0
8 - COMPUTER	11-15-05	200DBHY	5	2,249	0	0	0	2,249	1,601	259
9 - COMPUTER	03-15-06	200DBHY	5	1,791	0	0	0	1,791	1,275	206
10 - COMPUTER	07-29-05	200DBHY	5	950	0	0	0	950	676	109
11 - COMPUTER	11-03-05	200DBHY	5	1,069	0	0	0	1,069	761	123
12 - COMPUTER	11-20-01	200DBHY	5	1,808	0	0	0	1,808	1,808	0
13 - COMPUTER	11-30-05	200DBHY	5	1,444	0	0	0	1,444	1,028	166
14 - COMPUTER - CYGMA	08-31-04	200DBHY	5	1,112	0	0	0	1,112	920	128
37 - COMPUTER	01-10-07	200DBHY	5	1,291	0	0	0	1,291	671	248
38 - COMPUTER	02-28-07	200DBHY	5	900	0	0	0	900	468	173
39 - COMPUTER	05-22-07	200DBHY	5	541	0	0	0	541	281	104
40 - 201PC - COMPUTER	05-31-07	200DBHY	5	572	0	0	0	572	297	110
14 Assets		Subtotals		19,981	0	0	0	19,981	16,040	1,626
<b>Furniture and Fixtures</b>										
1 - 3 FILE CABINET	06-28-96	200DBHY	7	1,450	0	0	0	1,450	1,450	0
4 - CARPET	10-28-05	200DBHY	7	2,456	0	0	0	2,456	1,382	307
5 - CHAIRS	06-29-89	200DBHY	7	1,353	0	0	0	1,353	1,353	0
18 - FILE CABINET H-1	05-31-96	200DBHY	7	402	0	0	0	402	402	0
19 - FILE PROOF	06-28-96	200DBHY	7	1,340	0	0	0	1,340	1,340	0
20 - FURNITURE	06-29-87	200DBHY	10	3,968	0	0	0	3,968	3,968	0
21 - FURNITURE	05-14-87	200DBHY	10	3,700	0	0	0	3,700	3,700	0
22 - FURNITURE	06-30-03	200DBHY	7	4,468	0	0	0	4,468	4,143	325
23 - FURNITURE	11-10-05	200DBHY	7	4,418	0	0	0	4,418	2,486	552
24 - FURNITURE	11-10-05	200DBHY	7	1,299	0	0	0	1,299	731	162
25 - FURNITURE	05-08-01	200DBHY	7	1,811	0	0	0	1,811	1,811	0
26 - FURNITURE	06-30-89	200DBHY	7	19,612	0	0	0	19,612	19,612	0
27 - FURNITURE	11-16-05	200DBHY	7	900	0	0	0	900	507	112
28 - FURNITURE	06-28-06	200DBHY	7	950	0	0	0	950	535	119
29 - NETWORK SYSTEM	05-30-01	200DBHY	7	7,765	0	0	0	7,765	7,765	0
30 - PHONE	08-15-05	200DBHY	7	922	0	0	0	922	519	115
31 - PHONE	09-10-92	200DBHY	10	1,038	0	0	0	1,038	1,038	0
32 - PLAZA STATIONARY	04-29-04	200DBHY	10	300	0	0	0	300	292	8
35 - REFRIGERATOR	08-24-05	200DBHY	7	455	0	0	0	455	256	57
36 - TELEPHONE SYSTEM	09-04-03	200DBHY	7	1,007	0	0	0	1,007	783	90
20 Assets		Subtotals		59,614	0	0	0	59,614	54,073	1,847
<b>Machinery and Equipment</b>										
15 - COPIER - TOSHIBA 253	06-28-96	200DBHY	7	6,900	0	0	0	6,900	6,900	0
16 - COPY MACHINE	04-12-04	200DBHY	7	4,500	0	0	0	4,500	3,496	401
17 - FAX MACHINE	03-31-03	200DBHY	5	541	0	0	0	541	541	0
33 - PRINTER - 2HP5P	05-31-96	200DBHY	5	980	0	0	0	980	980	0

\* Asset disposed this year

-C Carryover basis in like-kind exchange transaction

-B Excess basis in like-kind exchange transaction

## 2008 Federal Depreciation Schedule

HANCOCK SMALL BUSINESS FINANCIAL DEVELOPMENT CORPORATION  
95-3803735

12-06-2010

Description	Date	Method	Year	Cost	Land/ Other	§179	Spec Allow	Basis	Prior	Current
<b>Form 990</b>										
Machinery and Equipment										
34 - PRINTER - 2HP5P	05-31-96	200DBHY	5	980	0	0	0	980	980	0
41 - MACHINE & EQUIPMENT	07-01-06	200DBHY	5	2,644	0	0	0	2,644	1,375	508
42 - MACHINE & EQUIPMENT	07-01-06	200DBHY	5	3,000	0	0	0	3,000	1,560	576
43 - EQUIPMENT	08-01-07	200DBHY	5	3,120	0	0	0	3,120	624	998
8 Assets		Subtotals:		22,665	0	0	0	22,665	16,456	2,483
42 Assets		Totals		102,260	0	0	0	102,260	86,569	5,956
42 Assets		Grand Totals		102,260	0	0	0	102,260	86,569	5,956

\* Asset disposed this year

~C Carryover basis in like-kind exchange transaction

~B Excess basis in like-kind exchange transaction